

Application Information for Nebraska Dental Hygiene License

License Fee: Use the chart below to determine your applicable licensing fee. The prorated fee is applicable if the Licensure Unit issues your license during those months. **Pay by check/money order (your cancelled check is your proof of receipt).**

| YEAR | Jan | Feb | Mar | Apr | May | June | July | Aug | Sep | Oct | Nov | Dec |
|------|---------|-------|-------|-------|-------|-------|-------|-------|---------|---------|---------|---------|
| Even | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$27.50 | \$27.50 | \$27.50 | \$27.50 |
| Odd | \$27.50 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 | \$110 |

Application Section A – Personal Information (Provide copies of the following documents)

1. ☐ **US Citizenship/Lawful Presence**

U.S. Citizens, a PHOTOCOPY of one of the following:

- ☐ Birth certificate (Hospital issued keepsake birth certificates cannot be accepted).
- ☐ U.S. Passport (unexpired or expired).
- ☐ Certificate of Naturalization.
- ☐ Other documents that show U.S. Citizenship.

A Driver's License is NOT acceptable.

NOT a U.S. Citizen (Current Immigration Status) a PHOTOCOPY of one of the following:

- ☐ Green Card, otherwise known as a Permanent Resident Card (Form I-551), both front and back of the card;
- ☐ Form I-94 (Arrival-Departure Record) **AND** an unexpired foreign passport with a valid unexpired US visa; or
- ☐ Employment Authorization Card **AND one of the following**
 - ☐ An approved deferred action status (DACA);
 - ☐ A pending application for asylum in the United States;
 - ☐ A pending or approved application for temporary protected status in the United States; or
 - ☐ A pending application for adjustment of status to that of an alien lawfully admitted for permanent residence in the United States or conditional permanent resident status in the United States
- ☐ Other document that shows current immigration status

*****NOTE:** Documents (other than those for U.S. Citizenship) are verified by our office through the Department of Homeland Security. This process may take 4-6 weeks.

2. ☐ According to the Uniform Credentialing Act of Nebraska §38-129(1) you must be at least 19 years old.

3. ☐ **Information for Military Spouses:**

Temporary License: If you have an **active (license type)** in another state and you are a military spouse, you may be issued a temporary license pending completion of the permanent licensing requirements. A temporary license for military spouses is available under Neb. Rev. Stat. §38-129.01 and is issued for a period not to exceed 1-year. Please review the following documents required to obtain a temporary license and those listed for a license to determine which process is right for you.

To apply for this temporary license, you must **be a resident of Nebraska** and submit the following:

- The license fee and attached application (completed);
- A copy of your military dependent identification card identifying you as the spouse of an active duty member of the United States Armed Forces;
- A copy of your spouse's military orders reflecting an active-duty assignment in Nebraska;
- A copy of your (license type) from another state or jurisdiction; and
- A copy of the statutes, rules, and regulations governing the license from the other state or jurisdiction which provides the standards that are similar to Nebraska's (license type) requirements.
- The license fee.

Information Relating to Military Education, Training, or Service:

If you have completed education, training, or service that you believe is substantially similar to the education or training required for this credential while you were a member of the armed forces of the United States, active or reserve, the National Guard of any state, the military reserves of any state, or the naval militia of any state, you may submit such evidence with your application for review.

Application Section B – Conviction Information (Provide copies of the following documents)

1. ☐ **Conviction Information:** If you have **EVER** had a misdemeanor conviction, you are required to list ALL convictions (regardless of when they occurred) on the application; you are NOT required to list infractions, diversions or dismissals. Misdemeanor and felony convictions can either be processed through traffic or criminal court, so when you check with the county court/district court, you should ask for both traffic and criminal court misdemeanors/felony convictions.

You must submit:

- a) A copy of the court record;
- b) Your explanation of the events leading to the conviction (what, when, where, why) and a summary of actions you have taken to address the behaviors/actions related to the conviction;
- c) If the conviction involved a drug and/or alcohol related offense and drug/alcohol treatment was obtained or required, a copy of all evaluations/discharge summaries; and
- d) If currently on court ordered probation, a letter from your probation officer addressing the terms and current status of your probation.

The following provides **SOME** examples of convictions; this is **NOT** an all exclusive list:

| | |
|---|---|
| <ul style="list-style-type: none">• MIP• DUI/DWI/OUI• Controlled Substance• Open Container• Tobacco Use by Minor• Shoplifting / Theft / Burglary• Bad Check• Disturbing the Peace• Assault• Disorderly Conduct / Disorderly House• Reckless Driving | <ul style="list-style-type: none">• Driving under Suspension / Revocation• License Vehicle without Liability Insurance• Fail to Appear• False Information or Reporting• Leaving the Scene of an Accident• Operator not Carrying License• Unlawful Display of Plates/Renewal tags• Park Rule Violation / Curfew Violation• Fishing / Hunting without a License• Dog at Large / Fail to Vaccinate Animal• Littering / Fireworks |
|---|---|

Application Section C - Education

1. ☐ **Transcripts:** An Official Transcript which shows your Dental Hygiene degree and date of graduation (date degree was conferred). The transcripts must be submitted directly from your dental hygiene program or the transcript may be in a sealed envelope from the school and submitted with your application. The Department cannot accept e-mailed transcripts.

Application Section D – Examination Information

1. ☐ **Examination Information:** You are required to submit official score reports for your Joint Commission on National Board Dental Hygiene Examinations and your practical examination. The score reports must be submitted directly from the testing agencies giving the examinations. ***Please note that if you failed on two occasions you are required to complete a remedial course in clinical dentistry approved by the Board before the Department will consider the results of the third examination as valid.***

Pass an acceptable licensure practical examination. The Nebraska Board of Dentistry has determined that the following examinations will be accepted for Dental Hygiene license applications completed between January 1, 2019 through December 31, 2019 (A passing score for each examination is determined by the respective testing agency):

- 2019 Central Regional Dental Testing Service (CRDTS) Dental Hygiene Examination (Passing score is 75)
- 2019 Western Regional Examining Board (WREB) Dental Hygiene Examination (Passing score is 75)

*Note: The Department will retain a list of acceptable licensing examinations for 5 years as an administrative reference for applicants who do not apply for licensure during the same year the examination is completed. *Acceptable examinations will be updated by September 1st of each calendar year. You need to request that the scores for CRDTS be placed on the MASTER SCORE Sheet that is sent to our Department. Scores from the regional exams will be accepted for a period of five years from the date the exam was passed.*

Reciprocity Applicants Only: If you took the CDCA exam you will need to contact them and request that your scores be sent directly to this office. If you took a state exam, request that include in their certification of your license the requirements that you had to meet in order to receive a license in that state.

2. ☐ **Jurisprudence Examination Information:** Each Applicant is required to take the State jurisprudence examination at <http://www.proprofs.com/quiz-school/preview.php?title=nebraska-dental-dental-hygiene-jurisprudence-exam>

Application Section E – Licensure Information

1. ☐ **Other Licensing Information:** If you hold or have held a credential to provide health related services in a state/jurisdiction **other than Nebraska**, you must submit verification of the credential that includes whether you have ever been disciplined (do not send a copy of your license card).
2. ☐ **Disciplinary Action:** If you have had any disciplinary action(s) taken against your license, you must submit a copy of the disciplinary action(s), including alleged violations and findings.

Application Section F – Practice Information (This section only needs to be completed by applicants that are applying by reciprocity)

1. ☐ **Practice Requirement for Reciprocity Applicants:** If you are applying for a dental license by reciprocity, you are required to provide proof that you have been actively engaged in the practice of dentistry for at least three (3) years with one (1) of those years being within the past three (3) years. Acceptable proof of active practice can include:
 - a) A copy of your W-2's;
 - b) A letter from your employer/practice partner on their letterhead stating the beginning and ending dates of employment and approximate number of hours worked per week.

Application Section G – PRACTICE PRIOR TO CREDENTIAL

All applicants must complete this section. An individual who practices prior to the issuance of a credential is subject to an assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing such credential.

Application Section H – Attestation

All applicants are required to complete this section.

OTHER INFORMATION:

Any documents written in a language other than English must be accompanied by a complete translation into the English language. The translation must be an original document and contain the notarized signature of the translator. An individual may not translate his/her own documents.

Application Processing: All application will be processed in date order received. If a preliminary review shows that you are missing information, you will be contacted **by e-mail** within approximately 15 days.

TIME FRAME FOR PROCESSING:

License Decision: 4-6 weeks from receipt of a complete application

Please note:

1. You have 90 days to complete an application. If your application is not completed after 90 days, your application and all supporting documents will be destroyed and a refund will be processed, less a \$25 administrative fee.
2. If an individual other than the applicant pays the licensure fee, refunds will be issued to that individual and their social security number will be required to process the refund.
3. If a business entity will be paying the licensure fee, refunds will be issued to that business entity and a copy of their W-9 is required to process the refund.

Contact Information: Licensure Unit, 301 Centennial Mall South, PO Box 94986, Lincoln NE 68509-4986
Telephone: 402-471-2118 / FAX: 402-742-8355 / E-Mail: dhhs.medicaloffice@nebraska.gov

Division of Public Health /Licensure Unit
P.O. Box 94986, Lincoln, Nebraska 68509-4986

For Office Use Only

BU # 25550143

License #

Issue Date:

Check below how you will be applying for the license:

☐ EXAMINATION (Individuals that have taken a practical examination within the last 5 years)

☐ RECIPROCITY (Individuals must be able to provide proof of practicing for 3 years and at least 1 year is required to be within the last 3 years)

You must complete all sections of this application that apply to you.

SECTION A – PERSONAL INFORMATION

| | | | | |
|---|---|---------|--|------------------------|
| 1 | You must provide your Legal Name below | | | |
| | First: | Middle: | Maiden Name: | Last Name: |
| | List any other names you are or have been Known As (AKA) | | | |
| 2 | Mailing Address: | | Street/PO/Route: | |
| | | | City: | State or Country: Zip: |
| 3 | Date of Birth (mm/dd/yy): | | Place of Birth (City/State or Foreign COUNTRY): | |
| 4 | Phone #: (optional)* | | Additional Phone #: (optional)* | |
| 5 | E-Mail Address: (optional)* | | | |
| | *phone number and e-mail are optional, but providing this information will speed up communication w/ you | | | |
| 6 | Check the appropriate box(es) and give the number requested. | | <input type="checkbox"/> Social Security Number (SSN): | |
| | If you have both a SSN and an A# or I-94 number, you must report both. | | <input type="checkbox"/> Alien Registration Number ("A#"): | |
| | | | <input type="checkbox"/> Form I-94 Number: | |
| Nebraska Revised Statute 38-123 mandates disclosure of your social security number to DHHS. Although your number is not public information, DHHS may disclose it for child support enforcement purposes and to the Nebraska Department of Revenue. | | | | |

Military Spouse: Are you the spouse of an active duty member of the United States Armed Forces who has an active-duty assignment in Nebraska? Yes ☐ No ☐

If checked yes, are you applying for a temporary license as a military spouse? Yes ☐ No ☐
(to apply for a temporary license, you must include all documentation identified in the instructions)

OFFICE USE ONLY

| | | | | | | | | |
|--------------|--------|-------|-------------|--------|-------|-------------|--------|-------|
| BOARD | Yes___ | No___ | AADE | Yes___ | No___ | NDEN | Yes___ | No___ |
|--------------|--------|-------|-------------|--------|-------|-------------|--------|-------|

SECTION B – CONVICTION INFORMATION (All applicants must complete this section)

Failure to disclose any conviction, regardless of when the action occurred, could result in disciplinary action, including, but not limited to, payment of a civil penalty. If you have any criminal charges pending that result in conviction, you are required to report such actions to the Investigative Unit within 30 days at <http://dhhs.ne.gov/Pages/investigations.aspx> or by telephone at 402-471-0175.

| | | | |
|---|--|-----|----|
| 1 | Have you ever been convicted of a felony? | YES | NO |
| 2 | Have you ever been convicted of a misdemeanor? | YES | NO |

If you answered **YES** to any of these questions, you are required to submit all requested documentation for each conviction. The Board of Dentistry may request that you submit additional documents, such as police reports.

| | | | |
|-----|----|-----|--|
| YES | NO | N/A | Copy of court records including charges and disposition. |
| YES | NO | N/A | Letter of explanation which includes events leading to the conviction and a summary of actions taken to address the behaviors/actions related to the conviction. |
| YES | NO | N/A | If the conviction involved drug/alcohol and you were required to obtain an addiction/mental health evaluation, a copy of the evaluation. |
| YES | NO | N/A | If the above evaluation recommended that you obtain treatment, a copy of your discharge summary from the treatment program. |
| YES | NO | N/A | If you were placed on criminal probation, a letter from the probation officer addressing the probationary conditions and current status of your probation. |

SECTION C – EDUCATION

| | | | |
|---|------------------|--------|--|
| Accredited College/School of Dental Hygiene Attended: | Name: | | |
| School Address: | City: | State: | |
| Date of Graduation: | Degree Received: | | |

SECTION D – EXAMINATION INFORMATION (All applicants must complete this section) **Scores from the practical examinations will be accepted for a period of five years from the date the examination was passed.**

| | | | |
|--|--|---|---|
| 1 | I have taken the National Board examination and have requested my scores be sent directly to the Department. | YES | NO |
| 2 | I have taken one of the following practical examinations: | <input type="checkbox"/> CRDTS (Licensure Unit receives scores directly from testing agency) | <input type="checkbox"/> WREB (applicant must request individual score report be sent directly to the Licensure Unit from the testing agency) |
| 3 | I have failed a practical examination on two occasions. | YES | NO |
| List what practical examinations, locations and dates that you failed on more than two occasions: Please note that if you failed on two occasions, you are required to complete a remedial course in clinical dentistry approved by the Board before the Licensure Unit will accept the results of the third examination. | | | |
| Examination | | Location | Dates |
| | | | |
| | | | |

SECTION E – LICENSURE INFORMATION (All applicants must complete this section, if they hold or have held a license in another state or jurisdiction) Direct source verification to the Licensure Unit is required for all licenses. **Failure to disclose disciplinary action, regardless of when the action occurred, could result in disciplinary action, including but not limited to, censure or civil penalty.**

| | | | |
|---|--|---|-------------------|
| 1 | Have you ever been licensed in another state or jurisdiction? | YES | NO |
| | List all other states, jurisdictions, or US territories where you have been or are currently licensed. | | |
| | STATE | License # | Issue Date |
| | | | |
| | | | |
| | | | |
| 2 | Has the licensee listed above ever... | Been Disciplined? | YES |
| | | Received Adverse Action? | YES |
| | | Denied? | YES |
| | | Denied the right to take a credentialing examination? | YES |
| | | Received other actions? | YES |
| | If you answer YES to any of these questions, you are required to submit documentation and a letter of explanation for Board review. | | |

SECTION F – PRACTICE INFORMATION (This section only needs to be completed by applicants that are applying by reciprocity). You must provide proof of practicing by submitting a copy of your W-2's or a letter from your employer or practice partner on their letterhead, stating the beginning and ending dates of employment and the approximate number of hours worked per week.

| | | | |
|---|--|-----|----|
| 1 | Have you submitted proof that you have been actively engaged in the practice of dental hygiene for at least three (3) years? | YES | NO |
| 2 | Have you submitted proof that one (1) of the years has been within the three (3) years immediately preceding the date of this application? | YES | NO |

SECTION G – PRACTICE PRIOR TO CREDENTIAL (All applicants must complete this section) An individual who practices prior to the issuance of a credential is subject to an assessment of an Administrative Penalty of \$10 per day up to \$1,000, or such other action as provided in the statutes and regulations governing such credential.

| | | | |
|-------------------|---|-----------------|--|
| 1 | <input type="checkbox"/> NO. I have not practiced dental hygiene in Nebraska without a license. <input type="checkbox"/> YES. I have practiced dental hygiene in Nebraska without a license. | | |
| 2 | If yes, what are the actual number of days you practiced in Nebraska without a license and what is the business name, location and telephone number of the practice: | Number of days: | |
| Name of Business: | | | |
| City: | | | |
| Telephone #: | | | |

PLEASE NOTE:

A separate application is required for the following:

- **Local Anesthesia Certification;**
- **Public Health Authorization for Treating Children;**
- **Public Health Authorization for Treating Children and Adults;**
- **Expanded Scope; and**
- **Expanded Functions.**

SECTION H - ATTESTATION

For the purpose of complying with Neb. Rev. Stat. §§4-108 through 4-114 and 38-129 (check **ONE** of the boxes below):

I attest that:

☐ I am a citizen of the United States.

OR

☐ I am a qualified alien under the Federal Immigration and Nationality Act.

☐ I am a nonimmigrant lawfully present in the United States.

☐ Check this box if you are **NOT** a citizen of the United States, a nonimmigrant, nor a qualified alien under the Federal Immigration and Nationality Act.

Application Attestation and Signature: I attest that:

1. I have read the application or have had the application read to me; and
2. All statements on this application are true and complete.

Print Name: _____

Signature: _____

Date: _____

Contact Information:

Telephone: 402-471-2118

Email: DHHS.medicaloffice@nebraska.gov

Mailing Address:

DHHS, Division of Public Health
Licensure Unit – 1st Floor
P.O. Box 94986
Lincoln, Nebraska 68509-4986

Physical Address:

DHHS, Division of Public Health
Licensure Unit- 1st Floor
301 Centennial Mall South,
Lincoln, Nebraska 68508